

FILED DEC 2 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40683
STATE FILE NUMBER 5286

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Downtown Hosp.				Length of stay in lb 40 Yrs		d. STREET ADDRESS (If outside, give location) 1904 Main St.			
3. NAME OF DECEASED (Type or print) First Daniel Middle J. Last Yarrington				4. DATE OF DEATH Month Nov. Day 7 Year 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Oct. 10, 1899			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad-Frisco		11. BIRTHPLACE (City and state or country) Oelwein, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Isaac Newton Yarrington				13b. MOTHER'S MAIDEN NAME Cecelia Cannon		14. NAME OF HUSBAND OR WIFE Mrs. Harry Adamson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Harry Adamson Address 3934 Manheim K.C., Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mitral regurgitation						INTERVAL BETWEEN ONSET AND DEATH 4 yrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						410X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Influenza - 4 days duration						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from 1948 to Nov. 7, 1957 and last saw her alive on Nov. 7, 1957 Death occurred at 4:47 PM on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>James W. Graham</i>				(Degree or title) M. D.		22b. ADDRESS 518 Argyle Bldg.		22c. DATE SIGNED 11/8/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/11/57		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
24. FUNERAL DIRECTOR QUIRK & TOBIN FUNERAL HOME				ADDRESS 20 W. Linwood KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-9-57		26. REGISTRAR'S SIGNATURE <i>Nevar Marshall</i>	



JUL 7 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. C. Gibson

Licensed Embalmer No. 437
P. O. Address KCMO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.